



General Guidelines for this Document:

1. There are three sections under each screenshot or section (some screenshots were combined if they represented a set of questions that comprised one questionnaire or were all answered in the same way). These sections are:
 - a. **Questions Requiring Elaboration:** This section elaborates on any of the questions that users have experienced as confusing, where there has been inconsistent data, or which have been difficult to complete during the interview. Sections in which the questions are straightforward or self-explanatory may not have any additional elaboration.
 - b. **Questions and Relevant ASAM Dimensions/BHD Domains:** This section identifies questions that are particularly helpful when determining the severity ratings of any of the 8 ASAM Dimensions/BHD Domains and specifies the relevant Dimension/Domain(s). Please note that the list of relevant questions is not exhaustive and there may be questions which you find to helpful when determining ASAM scores which are not denoted. It is also important to clarify that some questions may apply to more than one ASAM Dimension/BHD Domain; those identified were those deemed most important, but other Dimensions/Domains may certainly be relevant as well. The ASAM Dimensions/BHD Domains are:
 - i. **Dimension 1** – Acute Intoxication or Withdrawal Potential
 - ii. **Dimension 2** – Biomedical Conditions/Complications
 - iii. **Dimension 3** – Emotional, Behavioral, or Cognitive Conditions and Complications
 - iv. **Dimension 4** – Readiness to Change
 - v. **Dimension 5** – Relapse, Continued Use, or Continued Problem Potential
 - vi. **Dimension 6** – Recovery/Living Environment
 - vii. **Domain 7** – Substance Use
 - viii. **Domain 8** – Independent Living Skills
 - c. **Other Important Considerations:** The section identifies any other considerations or general thoughts about the section or questions within the section to help provide context or information to bear in mind when completing the section.
2. Important Points to Remember:
 - a. Answer all questions to the best of your ability.
 - b. Complete the “Comments” section for each topic when relevant. Include what is working for this individual (their strengths) as well as any struggles they have encountered in each area of their life. It is also important to consider the individual’s wants and desires pertaining to each section, as this will give any future service provider a good understanding of any goals that they may wish to achieve and/or any potential supportive resources that they may currently have in their lives.
3. Questions that were not deemed relevant, that were redundant, or that were confusing were either removed or re-written to make the Comprehensive Assessment more user friendly. For example, when asking about service utilization history, the response has been changed to “Yes/No” responses and the timeframes have been reduced to lifetime and past 30 days. We hope these changes will make the Comprehensive Assessment easier for both the interviewer and client to complete and make for a better assessment experience.
4. The Comprehensive Assessment is a dynamic document and we are constantly in the process of changing and updating it to make it more clinically relevant and person-centered. To that end, we welcome any feedback you or the clients you are assessing might have. Please feel free to contact us with questions or ideas at 414-257-8085. Thank you for all you do!



On the home screen, highlight the client you are working with and select the form, 'Comprehensive Assessment'

My Views: **HOME VIEW** CARS Console Client Demographic Info Selected Client: New Smith Client (008152888) Episode: Episode #

Client Staff Site

My Clients edit

Recent Clients

New Smith Client (008152888)

Search Clients advanced

Close Open Clients

Forms & Data

My Forms edit

- Individual Progress Note
- Append Progress Notes
- History and Physical Exam Report
- History and Physical Exam
- Client Episode History Report
- Update Client Data (DD Info)
- Risk Assessment Report
- Patients by Unit Report
- Informed Consent AODA Access Report
- Admissions by Program Report
- CSB Admission
- Agreement for Conditional Transfer Rept
- Change Current Password
- Client Alerts
- ProviderConnect File Attach
- Official Census Report
- CARS Asst Result and Placement Report
- CARS Referral Report
- CARS RSS Assessment Report
- Import Client Picture
- Discharge
- Update Admission Data
- CARS Informed Consent AODA Treatment F
- [CARS Consent to Svcs and Rights Ack rpt](#)

Recent Forms

Comprehensive Assessment

Search Forms

Browse Forms

- Avatar PM ▶
- Avatar CWS ▶
- Avatar MSO ▶

Message Center

Effective Date: 02/16/2018

*** AVATAR HELPDESK Support - Phone: 1-855-400-0797 ***

My To Do's All (1) New (0) Sign (0)

Filter: All

Client	Action	Form	Sent	Comments	Note-to-Self
Yvonne Shack...	Review To Do Item	Comprehensive As	06/01/2018	Review Docu...	

The following screen will open. Be sure to highlight the correct episode, and select 'ok' - **(this should always be under the CARS episode)**

Comprehensive Assessment

Name: NEW SMITH III MR CLIENT
ID: 8152888
Sex: Male
Date of Birth: 03/02/1954

Episode	Program	Start	End
10	MMHA-SOUTH-CSP	06/01/2018	

OK Cancel



This will bring up the Comprehensive Assessment. Please note that you will need to highlight, and complete, each section A-L. You will not be able to save your work unless you complete **ALL** the red highlighted portions of **EACH** section.

COMPLETE SECTION A – Record Management:

The screenshot displays the 'Comprehensive Assessment' software interface. On the left is a sidebar with a list of sections: A. Record Management (highlighted in green), B. Family and Living Co..., C. Education and Emplo..., D. Military Family and D..., E. Physical Health, F. Mental Health, G. Trauma, H. Substance Use and A..., I. Criminal Justice, J. Community Living Ski..., K. Recovery Support, and L. Service Planning Cons... Below the list are 'Submit' and 'Autosaved at 9:39 AM' buttons. The main area shows the 'Date' as 04/11/2016 and 'Time' as 11:40 AM. Below this, 'Location Assessment Completed' is set to 'CARS' and 'Setting' is 'Office'. A text box for 'Introductory Comments (how can we help you, what brought you here today, etc.)' contains the text: 'Regardless of who has referred Mr. New Client for an assessment (or why), what is his understanding of why this is needed. What does he want or need? What is he hoping to accomplish by completing the assessment today?'. At the bottom left of the main area are icons for undo, redo, and other functions.

Questions Requiring Elaboration:

- **Date and Time:** These fields are auto-filled, but can be over-written by the user
- **Location Assessment Completed:** Where was the assessment completed? Select from the drop-down menu
- **Introductory Comments:** Include comments in the narrative section which describe the general reasons that this individual has requested, or been referred for, an assessment.

Questions and Relevant ASAM Dimensions/BHD Domains: NA

Other Important Considerations:

- Documenting the individual's motivation for services and what he/she desires to get from the assessment assists future service providers to build rapport and engage with the individual via what's important to them. Please include as much detail as possible.



COMPLETE SECTION B – Family & Living Conditions:

Comprehensive Assessment

☐ A. Record Management
☒ B. Family and Living Co...
☐ C. Education and Emplo...
☐ D. Military Family and D...
☐ E. Physical Health
☐ F. Mental Health
☐ G. Trauma
☐ H. Substance Use and A...
☐ I. Criminal Justice
☐ J. Community Living Ski...
☐ K. Recovery Support
☐ L. Service Planning Cons...

Submit

Autosaved at 9:47 AM

Current Residence
 Permanent- Someone elses private residence or household, without supervision, includes persons 18 years or older (ADULTS ONLY)

Are you satisfied with your current living arrangement?

☐ Yes ☒ No

Explain

Who does Mr. New Client live with and how does he feel about this situation? Why is he satisfied or dissatisfied with the residence? Is he hoping to continue living here or does he desire a change?

Housing instability within the last 12 months

☐ Unknown ☐ No ☒ Yes

Check all that apply to indicate type of housing instability within the past 12 months

☐ Currently homeless (on the street or not permanent address)
☐ Homeless less than half the time in the past year
☒ Homeless more than half the time in the past year
☒ Has been evicted two or more times in past year

Please discuss stability and instability factors

Over the course of the last 12 months, what has Mr. New Client's housing situation been like? Has he been evicted? Been homeless? Living with friends/family? Are there issues pertaining to his housing situation and what is his perception of those issues? Has he experienced a positive housing situation and what is his perception of that?

Relationship Status

☐ Divorced / Annulled ☐ Married ☐ Separated
☐ Single / Never Married ☐ Unknown ☐ Widowed
☒ Significant Other or Partnered

Questions Requiring Elaboration:

- **Housing instability within the last 12 months:** Please note that the question immediately below this question, "Check all that apply to indicate type of housing instability..." has a number of useful suggestions when attempting to determine if the client has experienced housing instability.

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
Current Residence	Dimension 6
Are you satisfied with your current living arrangement?	Dimension 6
Housing instability within the last 12 months	Dimension 6
Check all that apply to indicate type of housing instability...	Dimension 6
Relationship Status	Dimension 5, Dimension 6

- If the client is reporting homelessness, this can increase the severity level of **all** ASAM Dimensions/BHD Domains.

Other Important Considerations:

- This is an important section especially as it relates to clients who may need AODA residential treatment services, add as much detail as you can regarding their homeless status and/or where they can be located.



▫ F. Mental Health
▫ G. Trauma
▫ H. Substance Use and A...
▫ I. Criminal Justice
▫ J. Community Living Ski...
▫ K. Recovery Support
▫ L. Service Planning Cons...

Submit

Autosaved at 9:49 AM

How many children do you have?

How many of your children are under age 18?

How many of your children are living with someone else due to a child protection court order?

For how many of your children have you lost parental rights? (the client's rights were terminated)

How many of your children are in your legal custody? (Note, this question pertains to physical placement)

Are you currently involved in Children's Court? ☐ Yes ☐ No

Have you been troubled or bothered in the past 30 days by?

Family problems: ☐ Yes ☐ No ☐ NA

Social problems: ☐ Yes ☐ No ☐ NA

Is treatment or counseling important to you now for?

Family problems: ☐ Yes ☐ No ☐ NA

Social problems: ☐ Yes ☐ No ☐ NA

Comments

Is there family/significant other/children that are active figures in Mr. New Client's life? How do these individuals contribute to his life on a day to day basis? Are they a source of support or stress, and does Mr. New Client want their involvement in his life? What does he wish to see happen in this area?

Questions Requiring Elaboration:

- **Have you been troubled or bothered in the past 30 days by?:** This type of question is repeated several times throughout the Comprehensive Assessment. It is purposely subjective and is designed to capture the client's opinion/perception of her/his issue.
- **Is treatment or counseling important to you now for?:** This type of question is also repeated several times throughout the Comprehensive Assessment. It is purposely subjective and is designed to capture the client's desire/interest in receiving services for the issue in question. It is important to note that if the client states that she/he is not troubled or bothered by the issue in question above, but then expressed an interest in receiving services, the interviewer should attempt to clarify this apparent discrepancy. Although clients can seek services for issues that have not recently been troubling to them, this type of responding may also indicate inconsistency in response patterns.

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>How many children do you have?</u>	Dimension 6
<u>Have you been troubled or bothered in the past 30 days by?</u>	Dimension 4
<u>Is treatment or counseling important to you now for?</u>	Dimension 4

Other Important Considerations:

- It's important to get a picture of the client's relationship with their child(ren).



COMPLETE SECTION C – Education & Employment:

Comprehensive Assessment

☐ A. Record Management
☐ B. Family and Living Co...
☒ C. Education and Emplo...
☐ D. Military Family and D...
☐ E. Physical Health
☐ F. Mental Health
☐ G. Trauma
☐ H. Substance Use and A...
☐ I. Criminal Justice
☐ J. Community Living Ski...
☐ K. Recovery Support
☐ L. Service Planning Cons...

Submit

Autosaved at 10:05 AM

Current daily activities (Not including employment - must enter one - may enter up to three)

☒ No educational, social or planned activity
☐ Full-time educational activity
☐ Volunteer or planned activities
☐ Unknown
☐ Part-time educational activity
☐ Meaningful social activity
☐ Other status (Specify)

What is the highest level of education you have finished, whether or Not you received a degree

7th grade

Are you interested in getting help with any work or school related activities, such as job training or going back to school?

☒ Yes
☐ No

Employment Status

Not in the labor force - disabled

Interest in a job

Interested in having a job (Inactive Code)

Other please specify

Needs assistance to find/apply for work/school

Needs Assistance

Needs assistance to function at a job, includes showing up on time, dressing appropriately, performing expected tasks, and performing in cooperation with others (does not include transportation)

More than one time per week

How many days have you experienced employment problems in the past 30 days?

0

Have you been troubled or bothered in the past 30 days by employment problems?

☐ Yes
☒ No
☐ NA

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Current Daily Activities?</u>	Dimension 6
<u>Employment Status?</u>	Dimension 6
<u>Needs assistance to find/apply for work school?</u>	Domain 8
<u>Needs assistance to function at a job...</u>	Domain 8

Other Important Considerations:

- Regardless of the individual's current level of functioning and/or struggles with ADLs or AODA, it is important to get an understanding of what his/her goals are as it pertains to education and employment. Supported Employment and Education (SEE) principles are valued by BHD; this includes the value of work for all clients, the client's expressed desire for work as the only criteria to pursue such, individualized placement, and ongoing support as needed.
- Please be aware of potentially inconsistent responses. For example, if under **Current Daily Activities** the client states she/he is engaged in "Full-time educational activities" but does not endorse "Not in the labor force – student" under the question, Employment Status, this should be explored. As before, an apparent inconsistency *does not mean* that the response is incorrect,



only that the interviewer should clarify the response and ensure that the answer provided is correct.

Questions Requiring Elaboration:

- **Approximately how much money...** For any of these monetary amounts, if the client selects “Refused” or “Don’t Know”, the monetary amount may be left blank.

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Approximately how much money...</u>	Dimension 6
<u>Are you currently receiving any forms of public assistance?</u>	Dimension 6
<u>Would you be interested in getting any help...?</u>	Domain 8

Other Important Considerations:

- This section can be valuable to help informally determine the client’s SES, a critical factor which is linked to a variety of psychosocial and health issues.



COMPLETE SECTION D – Military Family & Deployment:

The screenshot shows the 'Comprehensive Assessment' software interface. On the left is a sidebar with a list of assessment domains: A. Record Management, B. Family and Living Co..., C. Education and Emplo..., D. Military Family and D... (highlighted), E. Physical Health, F. Mental Health, G. Trauma, H. Substance Use and A..., I. Criminal Justice, J. Community Living Sk..., K. Recovery Support, and L. Service Planning Cons... Below the list is a 'Submit' button and a row of icons. At the bottom left, it says 'Autosaved at 10:33 AM'. The main content area contains two questions. The first question is 'Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?' with radio button options: No, Yes, in the armed forces (selected), Yes, in the reserves, Yes, in the national guard, Refused, and Don't Know. The second question is 'Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? If "Active" What area?' with radio button options: No, separated or retired from the armed forces, reserves, or national guard (selected), Yes, in the armed forces, Yes, in the reserves, Yes, in the national guard, Refused, and Don't Know. Below these questions is a 'Comments' section with a text area containing the prompt: 'Does this individual have any history in the military either directly, or through a family member or close friend? If so, what is his/her history, how long did they serve, have they ever been deployed, how/why were they discharged? What impact does their experience in the military have in their day to day life now?'. There is a small icon of a document with a pencil in the top right corner of the comments text area.

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Have you ever served in the Armed Forces...?</u>	Dimension 3???

Other Important Considerations:

- While this section may not be pertinent to many of the individuals you assess, please take the time to addresses it with those who it does pertain to AND wish to discuss it. Those individuals who are currently in the military, or who have served in the military at one time or another, may associate very strongly with this culture and may wish to pursue treatment with providers who understand the culture and/or who primarily serve military personnel. Likewise, there are those who have served in the military who may reject any ties to such, and will want to ensure that treatment is not associated with a military facility.



COMPLETE SECTION E – Physical Health:

Comprehensive Assessment

☐ A. Record Management
☐ B. Family and Living Co...
☐ C. Education and Emplo...
☐ D. Military Family and D...
☒ E. Physical Health
☐ F. Mental Health
☐ G. Trauma
☐ H. Substance Use and A...
☐ I. Criminal Justice
☐ J. Community Living Ski...
☐ K. Recovery Support
☐ L. Service Planning Conside...

Submit

Autosaved at 1:49 PM

How would you rate your overall physical health right now?
 Poor

How would you rate your overall quality of life?
 4 - Poor

Do you have any chronic medical problems?
☒ Yes ☐ No

Please describe
 Describe all current medical issues/concerns/problems

Is treatment for medical problems important to you now?
☐ Yes ☒ No ☐ NA

All current prescribed medications, OTC medications, vitamins, and supplements
 Ex: Nexium, Oxycodone, Ultram (Tramadol), Prozac (fluoxetine), Remeron (~~Mirtazapine~~), Seroquel (Quetiapine), Norvasc (~~Amlodipine~~), Flexeril and Wellbutrin (~~Bupropion~~).
 (Client had empty pill bottles saying she had run out of some of her medication so it's unclear exactly which medications are currently prescribed and which medications she is taking.

Are you taking medication you have been prescribed according to schedule?
☐ Yes ☒ No ☐ Not Applicable

Are you currently pregnant?
☐ Yes ☒ No ☐ Not Applicable

Do you know the due date?
☐ Yes ☐ No

What is the due date?
 T Y

Have you seen a doctor or nurse for prenatal care?
☐ Yes ☐ No

Questions Requiring Elaboration:

- Both of the questions, **How would you rate your overall physical health right now?** and **How would you rate your overall quality of life?** are designed to be subjective and probe for the client's opinion.
- All current prescribed medications...**: This question refers to all prescribed medication for any type of health issue and includes medications to treat physical health issues, mental health issues, and substance abuse issues.

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>How would you rate your overall physical health right now?</u>	Dimension 2
<u>Do you have any chronic medical problems?</u>	Dimension 2
<u>Is treatment for medical problems important to you?</u>	Dimension 4
<u>Are you taking medication according to schedule?</u>	Dimensions 2, 3, 4, 5, and Domain 7
<u>Are you currently pregnant?</u>	Dimensions 2 and 7



Other Important Considerations:

Given the high rates of comorbid medical issues among people with mental illness and substance abuse issues, it is critical to begin to understand and respond to our clients' medical needs. Self-rated physical health has been correlated with service utilization and eventual mortality and is therefore a useful flag to identify clients who may have more significant medical issues to explore/address.

Have you received treatments for physical complaints?

Inpatient Treatment: ☒ Yes ☐ No 30 days: ☐ Yes ☐ No

Emergency Room Treatment: ☐ Yes ☒ No 30 days: ☐ Yes ☐ No

Outpatient Treatment: ☐ Yes ☒ No 30 days: ☐ Yes ☐ No

Health appointment - healthcare - last six months: **Kept Appointment**

Health appointment - vision care - last six months: **Unknown**

Health appointment - dental care - last six months: **Unable to access needed services**

Health appointment - psychiatric care - last six months: **Unknown**

Have you been troubled or bothered in the past 30 days by medical problems: ☒ Yes ☐ No ☐ NA

Please describe current treatment providers and contact information, as well as medical AND dental history

EX: Mr. Client sees Dr. ~~Reelgood~~ at the Med Point Medical Clinic at the Perfect Health Medical Clinic in Glendale, WI. He is not connected to a psychiatric provider. Upon discharge from the hospital in August of this year, he was to follow up with Dr. ~~Reelgood~~ for heart related concerns, however did not do so. He is struggling with daily migraine headaches especially under stress.

Questions Requiring Elaboration:

- **Have you received treatments for physical complaints?:** These questions are designed to determine if the client has ever received treatment in one of the listed levels of care in her/his lifetime (as indicated by the "Yes/No" response option), and then more recently within the past 30 days.

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Have you received treatments for physical complaints?</u>	Dimension 2
<u>Health appointment (all questions)</u>	Dimension 2 and 3

Other Important Considerations:

- Include as much detail as possible regarding current medical conditions/dental treatment/psychiatric appointments. This helps with understanding a person's potential 'fit' for MAT.
- This section also provides valuable information about recent medical service utilization and therefore may be an indicator of current medical needs that may be more urgent or acute.



COMPLETE SECTION F – Mental Health:

Comprehensive Assessment

F. Mental Health

A. Record Management
B. Family and Living Co...
C. Education and Emplo...
D. Military Family and D...
E. Physical Health
F. Mental Health
G. Trauma
H. Substance Use and A...
I. Criminal Justice
J. Community Living Ski...
K. Recovery Support
L. Service Planning Cons...

Submit

Autosaved at 1:53 PM

How would you rate your overall mental health right now?
☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Have you been bothered by emotional or psychological problems in the past 30 days?
☐ Yes ☐ No ☐ NA

Is treatment important to you now for psychological problems?
☐ Yes ☐ No ☐ NA

Have you ever:

Been prescribed medication for psychological/emotional problems
☒ Yes ☐ No 30 Days ☐ Yes ☐ No

Are you taking medication you have been prescribed according to schedule?
☒ Yes ☐ No

Experienced serious depression?
☒ Yes ☐ No 30 Days ☐ Yes ☐ No

Experienced serious anxiety or tension?
☒ Yes ☐ No 30 Days ☐ Yes ☐ No

Experienced hallucinations (auditory, visual, or tactile - not related to your use of alcohol or drugs)?
☐ Yes ☒ No 30 Days ☐ Yes ☐ No

Experienced trouble understanding, concentrating, or remembering?
☐ Yes ☒ No 30 Days ☐ Yes ☐ No

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>How would you rate your overall mental health right now?</u>	Dimension 3
<u>Are you taking medication you have been prescribed according to schedule?</u>	Dimension 3 and 5
<u>Have you ever (all questions)?</u>	Dimension 3

Other Important Considerations:

- The data contained in this section will be utilized to determine the most appropriate placements for mental health and/or co-occurring services for clients, such as whether someone might benefit from mental health outpatient services and matching with a provider who is dually licensed.
- The data from this section will also be utilized to examine improvements in mental health symptoms over time for clients who are entering CARS services.



☐ A. Record Management
☐ B. Family and Living Co...
☐ C. Education and Emplo...
☐ D. Military Family and D...
☐ E. Physical Health
☒ F. Mental Health
☐ G. Trauma
☐ H. Substance Use and A...
☐ I. Criminal Justice
☐ J. Community Living Ski...
☐ K. Recovery Support
☐ L. Service Planning Cons...

Submit

Autosaved at 1:55 PM

Experienced mania (not related to your use of alcohol or drugs)?

☐ Yes ☒ No

30 Days
☐ Yes ☐ No

Experienced trouble controlling violent behavior?

☐ Yes ☒ No

30 Days
☐ Yes ☐ No

Physical aggression (e.g., hitting/assaulting others, damage to property, fire setting). Includes Nonconsensual sexual aggression.

☐ Yes ☒ No

If Yes, check all time periods that apply.

☐ Lifetime
☐ Past 30 days

Physical aggression has resulted in the injured person being hospitalized (does not include ER visit only).

☐ Yes ☒ No

Have you ever:

Number of days in the past 30 days

Number of years in lifetime

Have you experienced homicidal thoughts or serious thoughts of physically hurting others?

☐ Yes ☒ No

Are you currently experiencing homicidal thoughts or serious thoughts of physically hurting others?

☐ Yes ☒ No

Experienced serious thoughts of suicide?

☒ Yes ☐ No

1

Has had suicidal ideation with a feasible plan within the last 2 months?

☒ Yes ☐ No

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Have you ever (all questions)?</u>	Dimension 3
<u>Experienced trouble controlling violent behavior?</u>	Dimension 3 and 5

Other Important Considerations:

- As above, the questions in this section will help both with appropriate placements and will assist in tracking improvements in mental health symptoms over time.
- The questions in this section related to violence towards others or towards self also serve as flags which, if endorsed, may require further exploration and assessment to determine the extent and severity of risk.



A. Record Management

B. Family and Living Co...

C. Education and Emplo...

D. Military Family and D...

E. Physical Health

F. Mental Health

G. Trauma

H. Substance Use and A...

I. Criminal Justice

J. Community Living Ski...

K. Recovery Support

L. Service Planning Cons...

Submit

Autosaved at 9:51 AM

Have you attempted suicide?

☐ Yes

☐ No

Self-injurious behavior (cutting, burning, pica, polydipsia, head banging) does NOT include suicide attempts.

☐ Unknown

☒ No

☐ Yes

Check all time periods that apply

☐ Within past year

☐ Past 30 days

Comments (please describe any suicide attempts, self-injurious behavior, assaultive behavior, or any other concerning behaviors or mental health symptoms)

Use this area to describe in detail the mental health symptoms that the individual is experiencing, including any suicide attempts, self-injurious behavior, dangerous behavior (to self or others) or any other behavior that is getting in the way of day to day functioning.

Did you receive treatment for mental or emotional difficulties?

Inpatient Treatment

☒ Yes

☐ No

30 Days

☐ Yes

☐ No

Emergency Room Treatment

☒ Yes

☐ No

30 Days

☐ Yes

☐ No

Outpatient Treatment

☒ Yes

☐ No

30 Days

☐ Yes

☐ No

Chapter 51 Emergency Detentions (Brought to psychiatric ER by police)

☐ Yes

☒ No

☐ Unknown

Past 30 days

☐ 1 - 3 times

☐ 4 or more times

Lifetime

☐ 1 - 3 times

☐ 4 or more times

Treatment History

Example: Records note first hospitalization was at age 15 and next hospitalization was in his 20's due to ~~ADDA~~ Abuse. He was inpatient at ~~BHD~~ 6/3-6/6/96, and in PCS 3/10/14 and 5/1/16. These contacts were voluntary due to stress of her family and her living situation. Both PCS contacts led to transfer to Genesis Detox.

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Have you (all questions)?</u>	Dimension 3
<u>Have you received treatments for mental or emotional difficulties?</u>	Dimension 3

Other Important Considerations:

- Please note that the question on **Self-injurious behavior** is both a focus for treatment services in its own right, and may be a risk factor for suicide for some individuals.
- This section also provides valuable information about recent psychiatric service utilization and therefore may be an indicator of current psychiatric needs that may be more urgent or acute.



COMPLETE SECTION G - Trauma:

Comprehensive Assessment

G. Trauma

Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological or sexual maltreatment; assault within or outside of the family; natural disaster; terrorism, neglect or traumatic grief)?

☒ Yes ☐ No ☐ Refused ☐ Don't Know

Presence of emotional abuse? (Possible probes: in the past 30 days, has anyone persistently done or said things to ridicule or humiliate the client or to make them feel bad emotionally? This may include harsh words, humiliation, and manipulation.)

In the past 30 days? ☐ Yes ☒ No ☐ Unknown

In lifetime? ☒ Yes ☐ No ☐ Unknown

Presence of physical abuse? (Possible probes; in the past 30 days, has the client felt afraid of anyone? It may include a spouse, partner, child, or other family member. Does client feel safe physically? Has anyone hit or beaten the client? It may include slapping, punching, kicking, assaulting with a weapon).

In past 30 days? ☐ Yes ☒ No ☐ Unknown

In lifetime? ☒ Yes ☐ No ☐ Unknown

Presence of sexual abuse? (Possible probes; in the past 30 days, has anyone had any kind of sexual contact with the client against their wishes (including fondling or attempted fondling, rape or attempted rape).

In past 30 days? ☐ Yes ☒ No ☐ Unknown

In lifetime? ☒ Yes ☐ No ☐ Unknown

Have you been troubled or bothered in the past 30 days by experiences involving physical, emotional, or sexual abuse?

☐ Yes ☐ No ☐ NA

Comments

Describe any current or past trauma, such as emotional abuse, physical abuse and/or sexual abuse.

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Have you ever experienced violence or trauma...?</u>	Dimension 3
<u>Presence of (any type of abuse)?</u>	Dimension 3

Other Important Considerations:

- The questions in this section are meant to flag individuals who may require trauma-focused services and might indicate further assessment of trauma history by the receiving provider(s). Clients should not be pressed to provide any more information than they feel comfortable sharing and should be reminded that they can decline to answer if they so choose.



COMPLETE SECTION H – Substance Use & Addictive Disorders:

Comprehensive Assessment

Have you used the following?

Substances

Any alcohol
☒ Yes ☐ No
 Number of days in the past 30 days: 10

Alcohol to intoxication (5+ drinks in one sitting)
☒ Yes ☐ No
 Number of days in the past 30 days: 5

Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)
☐ Yes ☒ No
 Number of days in the past 30 days:

Illegal drugs (including abuse/misuse of prescription drugs other than prescribed)
☒ Yes ☐ No
 Number of days in the past 30 days: 28

Both alcohol and drugs (on the same day)
☒ Yes ☐ No
 Number of days in the past 30 days: 10

How many days in the past 30 days have you used tobacco?
 30

Are you interested in quitting tobacco?
☒ Yes ☐ No

Type of tobacco used
 Cigarettes

Number of days in the past 30 days: Route

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Have you used the following (all questions)?</u>	Domain 7
<u>Have you received treatments for mental or emotional difficulties?</u>	Dimension 2 and Domain 7

Other Important Considerations:

- The data in this domain help with level of care recommendations. Detailed information is helpful and important, helps to identify risk and severity, can help with education and discussion with client, and can identify harm reduction opportunities.
- Pay particular attention to the questions regarding any drug use and alcohol use to intoxication in the past 30 days, as both are predictive of the presence of a substance use disorder.
- Tobacco is highly prevalent amongst individual with mental health and substance use disorders, and is strongly associated with the presence of physical comorbidities in this population as well. Thus, as both a metric to track change over time and as a flag for interest in possible tobacco cessation interventions, pay particular attention to both the use of tobacco and the client's expressed interest in quitting.



▫ A. Record Management
▫ B. Family and Living Co...
▫ C. Education and Emplo...
▫ D. Military Family and D...
▫ E. Physical Health
▫ F. Mental Health
▫ G. Trauma
▫ **H. Substance Use and A...**
▫ I. Criminal Justice
▫ J. Community Living Ski...
▫ K. Recovery Support
▫ L. Service Planning Cons...

Submit

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Heroin
☒ Yes ☐ No 0 Nasal

Methadone
☒ Yes ☐ No Oral

Other opiates/analgesics
☒ Yes ☐ No Oral

Barbiturates
☐ Yes ☒ No

Other sed/hyp/tranq
☐ Yes ☒ No

Cocaine
☒ Yes ☐ No 4 Smoking

Amphetamines
☐ Yes ☒ No

Cannabis
☒ Yes ☐ No 0 Smoking

Hallucinogens
☐ Yes ☒ No

Inhalants
☐ Yes ☒ No

More than one substance per day (including alcohol)
☒ Yes ☐ No

Other illegal drugs (specify)
☒ Yes ☐ No Smoking

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>Have you used the following (all questions)?</u>	Domain 7

Other Important Considerations: NA



Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>All Questions</u>	Domain 7
<u>How long since you last used this drug?</u>	Dimension 1 and Domain 7

Other Important Considerations:

- Injection drug use is a significant risk factor for drug overdose and clients with IV drug use represent a priority population for AODA Residential services. Thus, any client endorsing IV drug use may require further assessment of overdose risk, including consideration of the presence of and interaction of other relevant risk factors for overdose.
- Please review the response in this section for consistency. For example, if a client does not endorse the use of any drugs or alcohol earlier in the section, the interviewer should select “No Problem” under the **According to the interviewer, which substance is the major problem** question.



The screenshot shows a web-based assessment form titled "Comprehensive Assessment". On the left is a sidebar menu with categories A through L. Category H, "Substance Use and Abuse", is highlighted. The main form area contains the following questions and options:

- Question: "In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?"
Options: "Never" (selected), "How many times" (input field with "1")
- Question: "Have you ever accidentally overdosed on drugs?"
Options: "Yes" (selected), "No"
- Question: "What type of drug was involved in the most recent overdose?"
Options: Text input field
- Question: "When was the last time you overdosed?"
Options: Dropdown menu
- Section: "Did You Receive Alcohol and Substance Treatment?"
 - Inpatient Treatment (not Detox): "Yes" (selected), "No"
 - Outpatient Treatment: "Yes", "No" (selected)
 - Emergency Room Treatment: "Yes", "No" (selected)
 - Detox: "Yes" (selected), "No"
 - AODA Residential: "Yes", "No"
- Question: "In the past 30 days, have you experienced cravings?"
Options: "Yes" (selected), "No"

At the bottom left of the form are icons for "Submit", "Previous", "Next", and "Save".

Questions Requiring Elaboration:

- **Have you ever accidentally overdosed on drugs?:** This question is *for accidental overdoses only*. Intentional overdoses should be coded in the Mental Health section.
- **What type of drug was involved in the most recent overdose?:** You may list more than one here.

Questions and Relevant ASAM Dimensions/BHD Domains:

Question	Relevant ASAM Dimension(s)/Domain(s)
<u>All Questions</u>	Domain 7
<u>Have you ever overdosed on drugs?</u>	Dimension 1 and Domain 7
<u>When was the last time you overdosed?</u>	Dimension 1 and Domain 7

Other Important Considerations:

- Previous overdoses on drugs have been linked to subsequent overdoses, so an accurate picture of the client's overdose history is important when attempt assess future issues of risk.



- A. Record Management
- B. Family and Living Co...
- C. Education and Employm...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...**
- I. Criminal Justice
- J. Community Living Ski...
- K. Recovery Support
- L. Service Planning Cons...

Submit

Autosaved at 10:35 AM

Have You:

Spent a lot of time either getting alcohol or drugs, using alcohol or drugs or feeling the effects of alcohol or drugs (high, sick)?

In the last 30 days

Kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting into trouble with other people?

Not in the last 30 days, but yes in last year

Use of alcohol or drugs caused applicant to give up, reduce or have problems at important activities at work, school, home or social events?

Not in the last 30 days, but yes in last year

Had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or used any alcohol or drugs to stop being sick or avoid

Not in the last 30 days, but yes in last year

Have the withdrawal problems been life threatening? (Such as delirium tremens, DTs).

☐ Yes ☒ No

Are you currently having similar withdrawal symptoms?

☐ Yes ☒ No

Have you ever used a substance to avoid or relieve withdrawal symptoms?

☐ Yes ☒ No

Do you have family or friends who are able and willing to assist you with your withdrawal care?

☒ Yes ☐ No

Have you ever had to lie to people important to you about how much you have gambled?

☐ Yes ☒ No

Have you ever felt the need to bet more and more money?

☐ Yes ☒ No

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

<u>Have you (all questions)</u>	Dimension 5 and Domain 7
<u>Had withdrawal problems from alcohol or drugs like shaking hands...?</u>	Dimension 1 and Domain 7
<u>Have the withdrawal problems been life threatening?</u>	Dimension 1 and Domain 7
<u>Are you currently having similar withdrawal problems?</u>	Dimension 1 and Domain 7
<u>Have you ever used a substance to avoid or relieve...?</u>	Dimension 1, 5, and Domain 7

Other Important Considerations:

- The questions in this section not only help to identify individuals who may be at higher risk for withdrawal problems, but can also help to determine the severity of an individual's substance use disorder (if one exists).



H. Substance Use and A...
I. Criminal Justice
J. Community Living Skills
K. Recovery Support
L. Service Planning Cons...

Submit

Autosaved at 10:35 AM

Have you been troubled or bothered in the past 30 days by?

Alcohol Problems— ☐ Yes ☐ No ☐ NA

Drug Problems— ☐ Yes ☐ No ☐ NA

Is treatment or counseling important to you now for?

Alcohol Problems— ☐ Yes ☐ No ☐ NA

Drug Problems— ☐ Yes ☐ No ☐ NA

Have you ever felt you should cut down or control your substance use?
☒ Yes ☐ No

Would you like to learn more about recovery groups, the different types of groups available (AA, Smart Recovery, Women for Sobriety, etc.) or how to locate a group in your area?
☐ Yes ☐ No, already involved ☐ No, not interested ☒ Uncertain or ambivalent

Would you like to be connected with someone who has experienced similar substance abuse issues for support, friendship, or membership to help guide you through recovery?
☒ Yes ☐ No ☐ Uncertain or ambivalent

Treatment History
 Provide any details pertaining to any ~~MOA~~ treatment that the individual has received, and the results of such.

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

<u>Have you been troubled or bothered in the past 30 days by?</u>	Dimension 4
<u>Is treatment or counseling important to you now for?</u>	Dimension 4
<u>All questions</u>	Domain 7

Other Important Considerations:

- In the comments section please identify, if relevant, the *amount* that they're using and/or how much money they're spending on their habit.
- It is also important to note whether the client is currently on or have been on any form of MAT and whether or not she/he is interested in being connected to MAT services.



COMPLETE SECTION I – Criminal Justice:

Comprehensive Assessment

- A. Record Management
- B. Family and Living Co...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice**
- J. Community Living Ski...
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Have you ever been arrested?

☒ Yes ☐ No

Past 30 days

☐ Yes ☒ No ☐ NA

Are you on electronic surveillance?

☐ Yes ☒ No

How many days have you been in jail or in prison? Lifetime Past 30 days

Are you currently awaiting charges, trial, or sentencing?

☐ Yes ☒ No ☐ Refused ☐ Don't Know

Are you currently on community supervision (e.g., probation, parole, etc.)?

☐ Yes ☒ No ☐ Refused ☐ Don't Know

Do you feel your present legal problems are serious?

☐ Yes ☒ No ☐ NA

Do you have any current legal issues with which you would like help?

☐ Yes ☒ No

Comments

Provide any information pertaining to the individual's involvement with the criminal justice system, and any concerns that he/she may have in this area.

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

<u>Have you ever been arrested?</u>	Dimension 5
<u>How many days you been in jail or prison (all questions)</u>	Dimension 5
<u>Do you feel your present legal problems are serious?</u>	Dimension 4
<u>Do you have any currently legal issues with which you would like help?</u>	Dimension 4
<u>All questions</u>	Domain 7

Other Important Considerations: NA



COMPLETE SECTION J – Community Living Skills:

- A. Record Management
- B. Family and Living Condi...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...**
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Check box that reflects the needs of applicant as it pertains to needing assistance from another person, i.e., is unable to function successfully in these areas without assistance from others within the past six months. (Assistance includes monitoring, supervision, reminding, coaching, or direct service.)

Benefits / Resource Management

Needs assistance to plan for, access, and navigate benefits (e.g., Section 8, SSI, SSDI, Medicaid, Medicare, insurance, etc.). Does NOT include money management, which is captured elsewhere.

☒ Yes ☐ No

Comments

Example: Individual is receiving benefits but would need assistance to complete any kind of review. Individual is unable to fill out needed paperwork for SSI benefits or food share for future reviews.

Basic Safety

Needs help from others because is unable to recognize immediately dangerous situations or to respond in an emergency. Does not include high-risk behaviors commonly engaged in by the public (such as unsafe sex, drinking and driving, poor health habits).

☒ Yes ☐ No

Comments

Example: Individual appears to act impulsively without regard to his safety such as having thoughts of running into traffic with the intent of getting hit. He has often been found running in the street naked near his apartment during excessively cold winter months. He has had several toes removed due to complications from frost bite.

- A. Record Management
- B. Family and Living Co...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...**
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Social or Interpersonal Skills

Needs assistance to effectively interact with others to have adult social relationships, and to carry out adult social or recreational activities according to personal preferences.

☐ Yes ☒ No

Comments

Provide info even if answer is no. Example: Individual is able to make his needs known. He expresses wanting to get a job and also be in a neighborhood where there are activities for people his age. Individual wants to be social but becomes overwhelmed easily by things that have occurred within his immediate family, and with negative experiences he's had with friends in the past.

Home Hazards

Needs assistance to maintain basic living environment to avoid disease hazards, fire hazards (e.g., hoarding), and/or odors noticeable from outside.

☐ Independent ☐ Less than monthly ☒ One to four times a month ☐ More than one time per week

Comments

Example: Individual has a tendency to collect books in his apartment, which at times has caused issues such as a bed bug infestation. He is willing to clean and clear things out, but the situation often returns to cluttered. At one time, his apartment was so cluttered, all of the furniture was covered with items except the bed used to sleep on.

Money Management

Needs assistance to manage finances for basic necessities (food, clothing, shelter). Includes needing assistance to handle money, pay bills, and to budget.

☐ Independent ☐ Less than monthly ☐ One to four times a month ☒ More than one time per week

Comments

The individual's daughter is his payee. The daughter pays her father's rent and all of his monthly bills. He is able to manage his spending money for the entire month, and receives it all at one time.



- A. Record Management
- B. Family and Living Co...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...**
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Basic Nutrition
Needs assistance to maintain eating schedule, obtain groceries and/or to prepare or obtain simple meals (and avoid spoiled foods). Does NOT include transportation, which is captured elsewhere.

☐ Independent ☐ Less than monthly ☒ One to four times a month ☐ More than one time per week

Comments

Example: Individual currently has his daughter take him to the grocery store every week to obtain necessary items. The daughter helps in making appropriate selections, and has indicated that if she were not present, her father would only purchase snacks and junk food. He appreciates her assistance.

General Health Maintenance
Needs assistance to care for own health and to recognize symptoms. Includes managing health conditions (e.g., diabetes, hypertension) and making and keeping medical appointments. Does NOT include medication management, which is captured elsewhere.

☐ Independent ☐ Less than monthly ☒ One to four times a month ☐ More than one time per week

Comments

Example: Individual has been diagnosed with diabetes, and is not always diligent about ensuring he gets the correct amount of insulin, or ensuring that he is eating the rights foods at the right time. He is able to schedule any necessary doctor's appointments, but struggles with remembering when those appointments are scheduled, in addition to arranging transportation.

- A. Record Management
- B. Family and Living Co...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...**
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Managing Psychiatric Symptoms
Needs assistance by a person (other than a physician) to manage mental health symptoms (e.g., hallucinations, delusions, mania, thought disorders, etc.). Does NOT include AODA or general health symptoms.

☐ Independent ☐ Less than monthly ☐ One to four times a month ☒ More than one time per week

Comments

Example: Individual is easily overwhelmed with anxiety and depression, finding it difficult to get of bed at times. He reports that he had not been able to properly grieve after the loss of his sister this past Thanksgiving. He sister passed from cancer. He is open to discussing individual counseling but will need assistance in securing a therapist and attending her scheduled therapy appointments.

Hygiene and Grooming
Needs assistance to maintain basic hygiene and grooming.

☐ Independent ☐ Less than monthly ☒ One to four times a month ☐ More than one time per week

Comments

Example: Individual overall appears to be able to maintain his personal care but during times of increased depression, he needs encouragement to attend to his hygiene. Individual has struggled with severe depression at times, and during those episodes fails to bathe, brush his teeth or wear clean clothing.

- A. Record Management
- B. Family and Living Condit...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...**
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Taking Medications
Needs assistance with taking medications, medication administration and assisting with self-administration, which includes setup, reminders, cueing, and/or observation to ensure person takes medication. Includes all prescribed meds - psychotropics and others. ☒ Needs someone to administer regular IM injections

Comments

Example: Individual is currently receiving a monthly injection. He will need assistance attending these appointments on a regular basis, and remembering when they are scheduled.

Assistance needed with other prescribed meds:

☐ NA (has no medications) ☐ Independent ☐ Less than monthly ☒ Two to six days per week ☐ One or more times daily

Comments

Example: In addition to the IM, individual is taking oral medications for which he will need routine reminders. His daughter has been assisting with this as much as possible, but does not feel that she's able to maintain the level of assistance she has previously given him.



- A. Record Management
- B. Family and Living Co...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...**
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Monitoring Medication Effects

Needs assistance monitoring effects and side effects of prescribed medications. This includes recognizing effects and noticeable side effects of prescribed medications, reporting medication effects or new problems to a prescribing professional, and/or following any medication or dose changes recommended by the prescriber. Includes all prescribed meds - psychotropics and others.

☐ NA (has no medications)
 ☐ Independent
 ☐ Less than monthly
 ☐ One to four days a month
 ☒ Two to six days per week
 ☐ One or more times daily

Comments

Example: Specifically due to the IM medication he is prescribed, he can reach toxic levels of this medication in his blood stream. He will need assistance monitoring the early warning signs of toxicity in addition to ensuring that he is getting the proper blood draws to document toxicity levels.

Transportation

Needs assistance to arrange for transportation, use public transportation, or drive and maintain a vehicle

☐ Person drives
 ☐ Person drives but there are serious safety concerns
 ☒ Person cannot drive due to physical, psychiatric, or cognitive impairment. Includes no driver's license due to medical problems (e.g., seizures, poor vision)
 ☐ Person does not drive due to other reasons (e.g., lost license, has no car)

Comments

Example: Individual does not like to use public transportation, and has a great deal of anxiety surround such. He prefers to be taken places by his daughter. His daughter would like him to develop more independence in this regard, and feels that this is a goal that could be achieved if he had the support to accomplish it.

- J. Community Living Ski...**
- K. Recovery Support
- L. Service Planning Cons...

Submit

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Physical Assistance

Needs assistance to physically accomplish the following tasks (check all that apply):

☒ Independent
 ☐ Dressing
 ☐ Mobility in home
 ☐ Toileting
 ☐ Bathing
 ☐ Transferring

Comments

Example: Individual is physically independent. He does report that he needs to sit frequently due to recent knee surgery, but this does not prevent him from performing all of his own self cares. When he has struggled with these issues in the past it has been the result of depressive symptoms, not physical limitations.

I am able to manage daily tasks around my home (such as cleaning, tidying, cooking, paying bills, and responding to mail)

Somewhat

I can easily form and maintain close relationships with others, including those I live with

Somewhat

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

<u>All questions</u>	Domain 8
<u>Taking Medication</u>	Dimension 5 and Domain 8
<u>Monitoring Medication Effects</u>	Dimension 5 and Domain 8

Other Important Considerations:

- This section is critical helping the interviewer with recommendations for case management services. The “needs assistance” ratings of “Independent,” “Less than monthly,” “One to four times a month,” and “More than one time per week” are designed to correspond to the



recommended frequency of service provision within the increasing intensity of case management services within Milwaukee County's community services. In other words, as the frequency of assistance needs increases, so does the intensity of the case management services.

- Can client provide examples of what help they believe they need? Have they received similar services previously?
- The question, Physical Assistance, is designed to identify individuals whose physical impairments may be significant enough that they require services from other systems, such as Family Care (Wisconsin's Medicaid long-term care program for frail elders, and adults with physical, developmental, or intellectual disabilities).

COMPLETE SECTION K – Recovery Support:

Comprehensive Assessment

- A. Record Management
- B. Family and Living Co...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...
- K. Recovery Support**
- L. Service Planning Cons...

Submit

In the past 30 days, did you attend any support group for mental health and/or substance abuse, any voluntary self-help groups for recovery (either faith-affiliated or not faith-affiliated), or any other groups or meetings that support recovery?

☐ Yes ☒ No ☐ Refused ☐ Don't Know

In the past 30 days, did you have interaction with family and /or friends that are supportive of your recovery?

☒ Yes ☐ No ☐ Refused ☐ Don't Know

To whom do you turn when you are having trouble?

☐ No one ☒ Family member ☐ Refused ☐ Other

☐ Clergy member ☐ Friends ☐ Don't Know

Please include information about the client's social support structure.

Include any information pertaining to who this individual turns to for support. Are they a member of a church family, are there friends or neighbors who are strong supports for them, are there any family members this person is in regular contact with? Who does this individual turn to when they are experiencing a crisis?

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Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

<u>All questions</u>	Domain 6
----------------------	----------

Other Important Considerations:

- What non clinical services would benefit and support this person's treatment and recover goals?
- These questions can also help us to track changes in the client's degree of social connectedness over the course of their treatment services.



COMPLETE SECTION L – Service Planning Considerations:

Comprehensive Assessment

- A. Record Management
- B. Family and Living Co...
- C. Education and Emplo...
- D. Military Family and D...
- E. Physical Health
- F. Mental Health
- G. Trauma
- H. Substance Use and A...
- I. Criminal Justice
- J. Community Living Ski...
- K. Recovery Support
- L. Service Planning Cons...**

Submit

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Do you prefer to receive services from someone who is

- ☐ Of your ethnic, racial, and/or cultural group
- ☐ Of a different ethnic, racial or cultural group
- ☐ Ethnicity, race, and/or culture does not make a difference
- ☐ Of your faith
- ☐ Of a different faith
- ☐ Of your same gender

Legal Status

- ☒ Voluntary
- ☐ Settlement agreement (Stipulations)
- ☐ Involuntary (Ch. 51-Commitment)
- ☐ Involuntary (Ch. 55 - Protective Services and Placement)
- ☐ Involuntary Criminal
- ☐ Guardianship (Ch. 54)
- ☐ Probation/Parole or Conditional Release

Stage of Treatment

- ☐ Pre-engagement
- ☐ Engagement
- ☐ Early Persuasion
- ☐ Late Persuasion
- ☐ Early Active Treatment
- ☐ Late Active Treatment
- ☐ Relapse Prevention
- ☐ In Remission or Recovery

Have you had any previous experience with case management or recovery support coordination in CARS?

☐ Yes ☒ No

Were you satisfied/did it help?

☐ Yes ☐ No

Comments

Example: Individual would be a voluntary client and is very anxious for a connection to a case manager. He would like assistance in managing his symptoms, connecting to ~~ADD~~ treatment and finding housing. Individual has received much support from his daughter over the years, and she would like to be involved in his treatment.

Draft/Final

☒ Draft ☐ Final

Questions Requiring Elaboration: NA

Questions and Relevant ASAM Dimensions/BHD Domains:

<u>Legal Status</u>	Dimension 4
<u>Stage of Treatment</u>	Dimension 4 and 5
<u>Have you had any previous experience with...?</u>	Dimension 4
<u>Were you satisfied/did it help?</u>	Dimension 4

Other Important Considerations: Be sure to select either 'draft' or 'final' and then 'submit' the form. Please note that once you select 'final' and submit the form **NO FURTHER CHANGES CAN BE MADE TO THE ASSESSMENT.**